



ARIZONA BOARD OF FINGERPRINTING

Good Cause Exception Application Form

Mail Code 185 • P.O. Box 6129 • Phoenix, Arizona 85005-6129
Telephone (602) 265-0135 • Fax (602) 265-6240

Do not write in this area

PLEASE READ THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. **Legal Name** (Last, First, Middle): _____
2. **Other Names** (aliases): _____
3. **Date of Birth:** _____
5. **Mailing Address:** _____
(Full Street Address including apartment number or P.O. Box)

(City) (State) (ZIP Code)
6. **Daytime Telephone Number:** (____) _____ 7. **Home Telephone Number:** (____) _____
7. **Please list any other arrests that may be on your record, apart from the arrests listed on the Department of Public Safety's letter of denial or suspension.**
8. **On a separate page, please describe *in detail* and in your own words each arrest in your adult life, even if the arrest did not appear on your denial or suspension letter, and even if the arrest did not lead to a conviction. In addition to describing the event, your statement should address the following questions. If you submit a statement that lacks detail, your appeal may take longer.**
What led up to the event? Who else was involved? Where did the event occur? How long ago did the arrest occur? Were there any mitigating circumstances? What was the disposition of the charge? What, if any, were the sentencing terms? Did you complete these terms satisfactorily?
9. **Have you ever had any professional certificate or license revoked or suspended?** ☐ Yes ☐ No
If yes, please explain on a separate page
10. **Have you ever had a substantiated allegation made by Child Protective Services (or a comparable agency in another state?)** ☐ Yes ☐ No
If yes, please explain on a separate page

NOTARIZATION

I hereby certify that the information in this application, including attached explanations, is true and complete to the best of my knowledge and belief.

(Signature of Applicant)

(Date)

Subscribed and sworn before me this _____ day of _____, _____ (year). My commission expires: _____

(Notary Public)